

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-022413

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

77
FILED JUL 2 1962

Primary Registration District No.

5305

Registrar's No.

3

VS 300
Rev. 4/59

10260

20260

3

4 0

5 1

6

7 0

8 2

94200

10

11

12 90-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY COLE

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN OSAGE CITYLength of stay in lb
45 YEARSc. FULL NAME OF (if NOT in hospital, give location)
HOSPITAL OR INSTITUTION RESIDENCEInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI b. COUNTY COLE

c. CITY OR TOWN OSAGE CITY

Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
NONEReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

VICTOR

Middle

FRED

Last

THOMPSON

4. DATE OF DEATH

Month

JUNE

Day

20,

Year

1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

10-18-1885

9. AGE (last birthday)

76

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

FISHERMAN

10b. KIND OF BUSINESS OR INDUSTRY

COMMERICAL

11. BIRTHPLACE (City and state or country)

BONNOTS MILL, MO.

12. CITIZEN OF WHAT COUNTRY

U S A

13a. FATHER'S NAME

JOHN THOMPSON

13b. MOTHER'S MAIDEN NAME

ELIZA C. WILSON

14. NAME OF HUSBAND OR WIFE

HELEN THOMPSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

HELEN THOMPSON OSAGE CITY, MO.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

MYOCARDIAL INFARCTION

INTERVAL BETWEEN ONSET AND DEATH

5 MIN

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

ARTERIOSCLEROTIC HEART DISEASE

8 YRS

DUE TO (c)

GENERALIZED ARTERIOSCLEROSIS

10 YRS

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

NONE

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

PT. UNDER CARE OF DR J.I. MATTHEWS, JEFFERSON CITY, MO.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

and last saw him on

Death occurred at JUNE 20, 1962 1:25 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Donald Shull M.D.

22b. ADDRESS

521 E. HIGH, JEFFERSON CITY, MO

22c. DATE SIGNED

6-22-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

6-22-1962

23c. NAME OF CEMETERY OR CREMATORY

CADET CREEK CEMETERY

23d. LOCATION (City, town, or county)

BONNOTS MILL, MISSOURI

24. FUNERAL DIRECTOR

ADDRESS

GIDEON HOUSER JEFFERSON CITY, MO.

25. DATE RECD. BY LOCAL REG.

24 June 1962

26. REGISTRAR'S SIGNATURE

R.P. Darrin M. Richter M.D.

USE BLACK INK

OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Gene C. Hunter

Licensed Embalmer No. 4739

P. O. Address Jefferson City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.